

PUBLIC HEALTH IMPROVEMENT PLAN EXECUTIVE SUMMARY

2004



Always
working
for a
safer
and
healthier
Washington.

A VISION FOR WASHINGTON'S PUBLIC HEALTH SYSTEM

Washington State's Public Health Partners envision a public health system that promotes good health and provides improved protection from illness and injury for people in Washington State.

To help realize that goal, the public health system is committed to:

- Focusing our resources effectively, defining and monitoring **outcomes** for key public health issues and trends, and emphasizing evidence-based strategies.
- Maintaining a results-based **accountability** system, with meaningful performance measures and program evaluation.
- Using a method of **funding** across the public health system that is stable, sufficient, and equitable.
- Using standard **technology** across the public health system.
- Maintaining a **workforce** that is well-trained for current public health challenges and has access to continuous professional development.
- Facilitating discussions about health care **access** and delivery issues from the perspective of community systems, where the experiences of patients, providers, purchasers, and payers are considered important components.
- Applying **communication** strategies that are effective and foster greater public involvement in achieving public health goals.
- Establishing new coalitions and alliances—among stakeholders, policy makers, and leaders—that support the mission of public health.

The *2004 Public Health Improvement Plan* summarizes the work of many people who have joined efforts in committees and work groups. More detailed, full reports are available.

To obtain copies of this report, or copies of committee reports, please contact:

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PHIP 2004:

TRANSFORMING PUBLIC HEALTH IN CHALLENGING TIMES

EXECUTIVE SUMMARY

December 2004



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The *2004 Public Health Improvement Plan* is produced by the Washington State Department of Health in accordance with RCW 43.70.520. Partners in its development are:

Washington State Department of Health

Northwest Center for Public Health Practice, University of Washington School of Public Health and Community Medicine

Washington Health Foundation

Washington State Board of Health

Washington State Association of Local Public Health Officials (WSALPHO)

PHIP on-line:

www.doh.wa.gov/hip

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON



Dear Friends of Public Health:

It is a pleasure to introduce the 2004 Public Health Improvement Plan, *Transforming Public Health in Challenging Times*. This work is the product of a truly remarkable partnership among many people who are always working to create a safer and healthier place for all of us in Washington State. They include local public health officials, state health officials, the School of Public Health at the University of Washington, and the Washington Health Foundation.

The Public Health Improvement Plan (PHIP) was established in legislation in 1993 and is to be presented to the legislature every two years. The legislation called for the public health system to meet standards and analyze what it will take to meet those standards, in terms of budget and staffing. In 1995, legislation called for assessment of the public health system and identification of what is needed for “the public health system to fulfill its responsibilities in improving health outcomes.”

These requirements are the underpinnings of a continuous effort to improve the health of people in every community throughout our state. The cooperative effort of our PHIP Partnership has created a stronger public health network, despite a critical shortage of resources. Through the PHIP, the public health partners have set a clear vision for a healthier future and created a strategic plan to bring it about. Along the way, we have developed a health report card, set performance standards for state and local public health jurisdictions, estimated the costs of achieving those standards and evaluated what must be done to respond to challenging issues in our workforce, with information-technology, and with access to health services in our communities.

Our state is fortunate to have a workforce of dedicated public health professionals who work to protect and improve the health of people everywhere in Washington. I extend my thanks to everyone who has a hand in making this partnership work. I look forward to seeing the recommendations in this report fulfilled, as we realize our hopes for safer and healthier Washington.

Sincerely,

Mary C. Selecky
Secretary of Health

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TRANSFORMING PUBLIC HEALTH IN CHALLENGING TIMES

We live in times that have conditioned us to think seriously about what it takes to be healthy and safe.

Our communities are becoming more crowded, more closely linked through travel, trade, and technology. As globalization increases, we face the threats posed by both new and re-emerging diseases that have greater opportunity than ever before to make their way around the world. As growing populations demand more resources, the quality of our air, water, and food is increasingly threatened. And since September 11, 2001, we have recognized and prepared for new threats to our safety, such as those posed by bioterrorism.

It seems the world moves faster and everything is more complicated—even a trip to the grocery store is not as simple as it appears to be (see box, page 8).

For each of these new challenges, the public health system plays a vital role in protecting people from harm while taking steps to reduce the health impacts felt in our changing world. The public health *system* is a network of agencies that are “always working for a safer and healthier Washington.” This work engages government agencies—at the state and in 35 local public health departments and districts—and a public health workforce of several thousand people, who work with thousands more researchers, scientists, health care providers, and other community partners.

In this sixth biennial report of Washington’s Public Health Improvement Partnership (PHIP), we focus on the activities that are underway to keep our state’s public health system performing to the best of its ability. In many respects, the activities associated with the PHIP since its inception in 1994, as an ongoing requirement of the Washington Legislature (RCW 43.70.520), have shaped the public health system today. The PHIP has moved us from a loosely associated group of government agencies focused on specific programs and clinical services to a closely integrated and coordinated system. Each local agency continues to serve the needs of its own community, but through the PHIP, Washington’s public health leaders also work in concert to set a vision for the future, to focus on public health priorities, and to direct dwindling resources to where they are most critically needed to improve and protect health.

Remarkably, this transformation has occurred during the course of a long slide in funding for public health, one that continues to undermine planning and weaken the infrastructure. During this time, the state and national economy have slumped into recession. The dedicated funding sources that once sustained public health work have nearly disappeared. Since September 11, 2001, new resources have come into the state to combat bioterrorism, but they cannot support the improvements—in surveillance, technology, and workforce expansion—that today’s more complex public health environment demands.



The PHIP has moved us from a loosely associated group of agencies focused on specific programs and clinical services to a closely integrated and coordinated system.

The need for vigilance

The year 2003 closed with the nation's attention riveted on Washington State: A case of "mad cow" disease had been linked to a farm in our state—a case that had potentially profound implications for public health and instant impact on agriculture. Within minutes, the positive test result set off a national response that linked Washington's health and agricultural communities with the nation's top scientists and policy makers. In the days and weeks that followed, new protocols were adopted for

monitoring cows, and the entire industry geared up for increased testing and tracking of animals.

Maintaining vigilance is the key to protecting the public's health. BSE—or mad cow—disease is an emerging threat, but as the box on page 9 points out, we cannot afford to turn our backs on old threats. They will re-emerge if left unattended. Public health measures such as immunizations and tracking and treating communicable disease are just as vital today as they were at the turn of the century in 1900.

Keeping Our Food Supply Safe to Eat

In the 1950s, your typical neighborhood grocery store carried about 300 different food items, many of them produced locally. Today, a supermarket routinely carries about 30,000 various food items from around the world, reflecting both the scale of corporate farming and the reach of the global economy. Interestingly enough, with this wide variety of foods available for home preparation, people eat out more, sustaining a restaurant industry that does more than \$300 billion worth of business a year. And hot foods, ready to serve, are commonplace at neighborhood grocery stores.

This evolution of the food supply, food service industry, and customer behavior has put extraordinary pressures on public health food safety programs, which must adapt to new causes of food-borne disease outbreaks and the illnesses they cause. In Washington State, 1.5 million food-borne illnesses occur each year, including 6,500 hospitalizations and nearly 100 deaths. This year, the state Department of Health Division of Environmental Health worked with the State Board of Health to revise the state's food service rules. The new rules incorporate the latest scientific information about safe food handling from the federal Food and Drug Administration's Model Food Code (see <http://www.doh.wa.gov/ehp/sf/food.htm>).

In the past decade, the primary cause of food-borne illness was holding food at an improper temperature—most often food allowed to cool in too large a container or not cooked thoroughly. This was the cause of the well-known case in our state in 1993 linked to fast-food hamburgers that contained the bacterium *E.coli* 0157:H7. In response, rules and training focused on temperature control. Today, the most common cause of food-borne illness is inadequate hand-washing by food service personnel. The new rules will prohibit bare-hand contact with foods that are ready-to-eat, continue to stress the importance of hand washing, and more clearly define when an ill worker must be restricted from the kitchen.



TB: Fighting an Old Public Health Battle

Two global trends—the ease of travel and an increase in congregate living—are driving up the numbers of people affected by old scourges that were once thought to have been conquered by public health and medical interventions.

One such scourge is tuberculosis, with which a third of the world's population is now infected. TB was once the leading cause of death in the United States, but its incidence dropped steeply for four decades with improvement in living conditions and development of drug therapy in the 1940s. With the rise in immigration, homelessness, and immune-suppressing conditions such as HIV, TB has re-emerged since the late 1980s with a vengeance among homeless and immigrant populations and also among other risk groups such as the very young and the elderly.

Washington, which experiences more than 250 new TB cases in a year, is one of about a dozen states with TB rates above the national average. King County, which has experienced several outbreaks since 2000—some among homeless, foreign-born men—reported its highest number of cases (156) in 30 years (2003). Another significant outbreak occurred in Yakima County in 2003, this time concentrated among the native-born.

People can feel well enough even with active TB infection to work and attend school, but they begin to feel ill when they take the powerful drugs to treat it. For this reason, many patients discontinue the months-long treatment, a situation that forces public health agencies to implement costly and time-consuming directly observed therapy.

A root cause of the new wave of TB outbreaks is poverty and the rising number of uninsured in Washington and throughout the country. Lack of access to health services can delay diagnosis. And many of the poor who are at greatest risk of contracting TB have no convenient or reliable place to go for treatment.

Accessing care does not guarantee detection of TB infection, however. Patients were routinely treated in sanitariums, the last of which closed in Washington during the late 1960s. Since then, generations of health care providers rarely encountered a case. The public health system is working with providers to recognize the new face of the disease.

See <http://www.doh.wa.gov/cfh/tb>.



Public health agencies are stretched to their limits trying to keep older problems at bay and, at the same time, prepare for emerging threats. Over the past year, local and state public health workers have devoted time and special expertise to develop detailed plans to respond to SARS, West Nile Virus, bioterrorism, and avian flu. They did not happen in our state—but any of them *could* happen, at just about any time, and

the public health community must be ready to respond quickly to reduce the amount of disease and the number of deaths that would result.

PHIP: vision to action

The PHIP is a consortium of the state Department of Health, the State Board of Health, the

Promoting Tested Weapons Against Chronic Disease

Public health programs may not have eliminated the threat of infectious diseases, but they have removed them as leading causes of death. Today, more Americans die from chronic diseases such as heart disease, cancer, and stroke—and public health systems are eager to identify the most effective population-based approaches to reducing the rates of premature deaths associated with them.

Washington is the only state to receive two “Steps to a Healthier US” grants, as part of a federal initiative to identify strategies to prevent chronic disease—in some cases, right at the neighborhood level. The grants, which the U.S. Centers for Disease Control and Prevention awarded separately to the state Department of Health and Public Health—Seattle & King County, implement integrated, scientifically based strategies to drive down rates of obesity, diabetes, and asthma as well as their complications. This work has engaged hundreds of community partners, including schools, work sites, and health care providers.

The state grant will focus more than \$16 million in federal funds over five years in four communities: the contiguous area of Chelan, Douglas, and Okanogan counties; the Confederated Colville Tribes; Thurston County; and Clark County. Working with schools, work sites, health care settings, and the communities-at-large, the Steps program seeks to identify and implement sustainable interventions that improve access to healthy foods and opportunities for physical activity and reduce exposure to tobacco smoke and other asthma triggers. Entire communities—from children eating school lunches to local political leadership—are brought into these efforts. “We hope to see some real behavioral change,” explains state Steps Manager Lauren Jenks. “Not just among community members but among policy makers, too.”

The local grant supports interventions in South Seattle and South King County, including programs to encourage students to become more physically active by biking to school and training community health workers to help families remove asthma triggers from the home.



Washington State Association of Local Public Health Officials (WSALPHO), the University of Washington School of Public Health and Community Medicine, and the Washington Health Foundation. Each partner is essential to strengthening the performance of Washington’s public health system and positioning it to address emerging issues effectively.

The future vision that guides this work (see inside cover) is complemented by a specific workplan that addresses seven broad goals. Each goal is supported by an active committee of professionals drawn from many fields. The members represent a wide spectrum of public health agencies: large and small, east and

west, practice and academic communities. Bringing talented people to the table on a statewide basis, the PHIP has become a conduit for innovation, for exchanging ideas, and for making commitments for action. The partnership has become an expected way of doing business in public health. It is collaborative, inclusive, and creative.

The work of each committee is carried out over two years and is summarized in this report, the *Public Health Improvement Plan*. The purpose of each committee is stated briefly below. Their recent accomplishments, and their complementary goals and written objectives for 2005-07, are shown on pages 12 and 13-14.

PHIP Committees:

- Use science-based strategies to signal important public health issues and trends (*Key Health Indicators Committee*).
- Make both state and local public health agencies accountable for meeting established performance measures (*Standards Committee*).
- Identify and describe stable, sufficient, and equitable funding needed to carry out public health services (*Finance Committee*).
- Link information systems and provide efficient tools for sharing information (*Information Technology Committee*).
- Maintain a well-trained workforce that has timely access to professional development (*Workforce Development Committee*).
- Explore community actions that promote health care access (*Access to Critical Health Services Committee*).
- Foster greater public understanding and involvement in achieving public health goals (*Communications Committee*).

Washington's public health officials believe that we can create a healthier future, where commu-

nities as a whole, and the families and individuals within them, are as healthy as they can be. This means more than an absence of illness—it means a robust level of well-being and a good quality of life for all.

The work of the PHIP helps us all pull together on efforts that will improve public health practice in every community. Using a Report Card, applying performance measures, and sponsoring workforce development are all ways to strengthen the network of agencies dedicated to better health.

In addition, active work is underway to translate public health ideals into everyday living. Programs such as “Steps to a Healthier US” (see box, page 10) can lead us to a healthier future. We have great opportunities ahead in the area of combating chronic disease, but we will make those gains only through concerted effort and a strong public health system.

Washington's public health system is poised to accomplish its goals. The ability to do so, however, will depend on resources needed to keep the public health system stable and well-prepared in every community.

Influencing the Nation

The Institute of Medicine has published two sentinel reports on the status of public health in the United States, in 1988 and in 2002. In both volumes, national leaders point out the serious risks of allowing our public health system to erode. The work plan of the Public Health Improvement Partnership responds to many of the recommendations and warnings of these reports, demonstrating for others what actions can reduce those risks.

Washington's Public Health Improvement Partnership is highly regarded by public health professionals throughout the country, and many of the specific projects outlined have been adapted for use elsewhere. Examples include our Report Card, standards, workforce study, and communications work. (For more information see <http://www.iom.edu/Object.File/Master/4/165/o.pdf>.)

CHARTING OUR PROGRESS

The Public Health Improvement Partnership carries out its work according to a specific work plan. Checked items have been completed or are nearly complete by December 2004. Remaining items will be worked on during January through June 2005.

Committee/Objective or Project

Key Health Indicators Committee

- ✓ Maintain Report Card with data and grading.
- ✓ Develop Key Health Indicators Action Guide for the web.
- ☐ Improve data systems and use of systems for the Report Card.

Standards Committee

- ✓ Implement measurement schedule; prepare for measurement.
- ✓ Test Administrative Capacities.
- ☐ Set system-wide priorities for future work and training.

Finance Committee

- ✓ Study the cost of achieving the standards.
- ✓ Develop funding allocation principles and communications.
- ☐ Publish a white paper on public health funding.

Information Technology Committee

- ✓ Maintain and share results of an IT survey.
- ✓ Continue VISTA development and use.
- ✓ Coordinate and prioritize IT work statewide.
- ☐ Develop IT minimum standards for security, planning, and data.

Workforce Development Committee

- ✓ Enumerate the public health workforce.
- ✓ Acquire a Learning Management System.
- ✓ Develop a regional learning network.
- ✓ Maintain leadership development.
- ☐ Develop training based on standards findings.

Access to Critical Health Services Committee

- ✓ Establish a committee on access from a public health viewpoint.
- ✓ Gather information on local efforts to expand access.
- ☐ Promote exemplary practices on access and seek support.

Communications Committee

- ✓ Prepare materials and trainings for the public health Identity Campaign.
- ☐ Conduct a statewide education campaign.
- ☐ Conduct a mid-course evaluation of campaign materials.

SUMMARY OF PHIP RECOMMENDATIONS FOR 2005-07

Key Health Indicators

1. Adopt the Report Card.

Developing a Report Card is no easy task. This one is the result of thoughtful collaboration by public health professionals throughout Washington. It has had considerable scrutiny and is drawn from the best available science. It focuses our attention on the underlying *determinants* of health—a focus that provides the best opportunity to improve health over time. This Report Card should be adopted and used by policy makers in many venues.

2. Publish the Report Card every two years in a hard copy summary and web-based format, with links to additional information and interventions.

Maintaining the Report Card should be a core activity of the public health system. By making information about actual health trends readily available, we will have the knowledge needed to direct resources toward greatest needs and toward health interventions that show the greatest success. This will require funding for ongoing collection, analysis, and dissemination.

3. Commit resources to develop and implement a process to set targets.

Setting realistic numerical targets for health indicators, based on the best available science, will let us measure progress over time. Numerical measures will provide a clear picture of whether we are meeting our goals. Setting targets is a significant undertaking and will require a great deal of time and analysis on the part of people who contribute to this effort.

Public Health Standards

1. Adopt and apply the revised administrative standards as part of the *Standards for Public Health in Washington State*.

The *Standards for Public Health in Washington State* address five topic areas important to public health protection and health promotion. In addition, every agency must have basic administrative services in place in order to be effective and reliable. These basic capacities are an important part of performance—and should be measured.

2. Analyze the 2005 results of the system-wide measurement of the *Standards for Public Health in Washington State* in conjunction with program requirements to identify or reinforce priorities for system-wide improvements.

Using the goal for the standards, “What every citizen has a right to expect,” the Steering Committee will identify one or more focus areas to concentrate efforts for improvement. Data from the 2005 evaluation will help to identify an area for improvement. The selection process could involve voting across state and local agencies so that the focus area represents the most important areas needing system-wide response.

3. Identify and test methods to incorporate the use of the standards throughout the work of public health as described in the legislation that requires the PHIP and development of the standards (see Appendix 7).

Performance and standards should be linked through careful restrictions. The resources needed to meet the standards are not available, and no agency should be

penalized for that. Instead, the connection between funding and standards should focus on identifying gaps, outlining strategies for improvement, sharing best practices, participating fully in the measuring process, and timely reporting. Meeting the standards fully will require significantly greater resources.

4. Adopt a contract monitoring system that uses the standards as a framework.

The emphasis should be on the whole public health system and its purpose, not simply individual programs. The monitoring system should reflect the mutual accountability of state and local government to ensure that public health services are provided.

Performance measurement and quality improvement must be supported through changes to contract development, awarding, and monitoring; through funding and reporting requirements; and through training and recognition awards.

Financing Public Health

1. Increase public health funding by \$400 million to close the funding gaps identified in the Finance Committee's cost model.

Stable and sufficient sources of funding are essential to maintaining a sound public health system. All residents need and expect a predictable level of public health protection.

2. Expand the Finance Committee to include broader representation by state and local stakeholders, to help identify opportunities to articulate the importance of fully funding our public health system, to explore viable state funding options, and to get this information to decision-makers.

Active involvement by concerned citizens and policy makers is critical to solving the chronic funding instability that plagues public health. The Steering Committee will look to a specially organized group to study alternative financing strategies and

seek solutions that will work, statewide.

3. Implement the work of the Funding Allocations Subcommittee to make certain that allocation formulas are clear and all funding for programs is easily tracked on a website.

Given scarce resources, every dollar in public health needs to be used efficiently. The Finance Committee will continue to work to improve funding practices to achieve a common understanding of allocation principles and how they are used. Additional work will be pursued on statewide program evaluation and on clarifying data needs so that required program reports are as simple as possible, yet support accountability measures, program evaluation, and where feasible, needed research.

Information Technology

1. Develop a shared administrative structure for maintaining and enhancing evolving applications and development of a cost-sharing model for all public health IT systems in Washington.

Work has progressed on IT systems that will serve both governmental and non-governmental agencies at both the state and local level. A shared administrative structure is needed for the ongoing maintenance and improvement of these applications, as well as for considering cost-sharing models and a variety of funding sources.

2. Identify top-priority areas where better use of technology could improve public health practice.

Using prior analyses of business needs and new information, the committee should consider which programs and activities would benefit most from new technology applications. Some specific examples might be home visits or restaurant inspections or system-wide applications for documenting client services.

3. Evaluate and recommend standards for hardware, software, servers, security, distance learning, and data collection and transfer.

With the goal of seamless integration, a common look and feel, a common point of entry and security, the IT system standards are essential to assure that the public health system remains connected and able to share information quickly and confidentially. The committee should also explore the ideas of role-based standards: defining what is expected of a person based on job function as well as the roles and responsibilities of various agencies in the information chain.

4. Leverage financial investments in technology most effectively.

The committee and partners should explore ways to calculate the maximum benefit of the new technologies, including a cooperative model with shared resources and group purchases.

5. Review and evaluate applications to identify opportunities for efficiencies.

The committee should seek ways to improve the ability to analyze, aggregate, and use existing data by implementing standards, avoiding duplication, using common data elements and definitions, and developing interface applications where needed. It should also explore ways to develop a common look and feel for accessing a variety of data sets.

6. Implement on-going training into IT planning.

Computer applications will be effective only when accompanied by training. The committee should consider ways to develop and implement “informatics competencies” as well as an IT resource center.

Workforce Development

1. Pursue recruitment and retention efforts at the agency and system level.

Coordinated statewide recruitment strategies could include marketing the appeal of living and working in Washington State, recruiting workers from such underutilized venues as technical schools, student and professional organizations, and implementing creative loan repayment and tuition reimbursement incentives. Retention activities could include mentoring, promoting a learning culture in the field so workers will want to stay, exploring financial and non-financial incentives for continued learning and development, and exploring ways to extend the contributions of retirement-eligible workers.

2. Identify and develop a new generation of managers and leaders to maintain and improve the performance of public health agencies and the overall public health system.

As today’s leaders move toward retirement, it is crucial to develop new ones ready to take the helm in public health. The six-state leadership institute begun in the past few years at the Northwest Center for Public Health Practice is an excellent start, but long-term strategies should be established to ensure that we are ready to face tomorrow’s public health challenges.

3. Build on the success of the first *Everybody Counts* report.

Conduct this census every 3-5 years and expand it to include public health partners such as tribal public health agencies, community-based organizations, community health clinics, and other public health partners.

4. Promote access for public health workers to training, technology, and tools needed to support learning.

Workers need adequate access to the technology (i.e., web-connected computers, DVD players, telephones with headsets or speaker phones) through which learning is delivered.

5. Use system-level competencies as the framework for assessing learning needs and evaluate learning strategies that incorporate return on investment.

To support the mission of public health effectively, a system-wide perspective should be used in designing curriculum and in evaluating and measuring performance—for both individual public health workers and their agencies. Investments in training and performance improvement should be evaluated to show they yield desired result.

6. Evaluate the usefulness of certification and credentialing and other incentives at various levels of the public health workforce.

Credentialing may be one way to formalize the workforce development and planning that is needed throughout the field of public health. Careful assessment of the benefits and costs should be done.

Access to Critical Health Services

1. Collect and analyze community success stories.

Using a common set of data elements and characteristics, collect and share models of community-based and statewide efforts to address critical health service access.

Many local health jurisdictions have stories to tell of their involvement in their communities on projects that focus on access. A Resource Guide of Models or Practices will be compiled and made available via web and hard copy. Data about health services should reflect a broad understanding of health, including underlying determinants of health.

2. Communicate lessons learned.

Find opportunities and forums to present findings and discuss the access standards work. Linking this work with PHIP communications efforts has great potential to expand the audience for public health's

messages concerning community health improvement. The media covers health care access issues on a routine basis. Engaging the media to expand their focus to services other than personal medical care will stimulate needed debate on the true determinates of health and wise use of limited health care resources. Conferences such as the Joint Public Health Conference, Healthy Communities, the Washington Rural Health Association and others are places to share models of work to improve access.

3. Promote integration of and availability of data across programs.

Several Department of Health programs, other state programs, and private foundations collect data. The data collected on the key indicators for the state Report Card on health need to be integrated with these data systems. Analysis may be done at the local or state level and shared with other agencies or with local health departments. These data are often used to support grant funding. The website AssessNow.info provides an opportunity to present data and analysis as well as studies on-line, making them accessible to local health jurisdictions and others (see <http://www.AssessNow.info>).

4. Look for additional resources to build on this work.

Help find resources to pilot, expand, or sustain models of implementing access standards at both the state and local level. Often, grant funds are available at the federal, state, and local level as well as through private foundations and charitable organizations. Some of the state's more notable access projects are based on creative local partnerships sustained by donated resources of community partners.

5. Develop long-term policy with respect to critical health services.

Among the elements of this work will be to explore further the central organizing role that local health jurisdictions can play in

assuring community-based access to critical health services, with particular attention to population-based and clinical preventive services. It will be necessary to prioritize and focus efforts on services that are evidence-based and offer the greatest community benefit. The work of the SBOH can be built on to collect data about critical services. The committee will also begin to identify high-priority and feasible surveillance systems for use in determining access gaps at both state and local levels. These services can then be linked to existing quality improvement and safety efforts in the health care delivery sector.

Effective Communication

1. Conduct advanced workforce training to strengthen understanding of public health.

The committee will conduct a round of advanced communications training to develop workforce skills in communicating the value and benefit of public health through the media, community organizations, and service groups. They will begin the series with top management in public health agencies.

2. Adopt a set of communication strategies that will achieve broader understanding of public health goals.

The public will gain a greater understanding of public health services if all agencies put forward a clear and consistent message about what public health does, how it serves and protects people, and how it informs them about how they can participate in public health efforts.

3. Collect and tell public health “stories” that illustrate how public health affects everyone who lives in or visits Washington.

Stories provide the most effective way to communicate a memorable message. Public health workers have many interesting, even dramatic, stories to tell that illustrate how public health is “always working for a safer and healthier community.” Collecting and sharing written stories will be helpful in achieving a broader public understanding.

4. Conduct a statewide media event to increase public understanding.

Beginning with the series of five communications workshops from January through March 2005, the committee will organize statewide participation in a coordinated public health “event” to engage the media in increasing public understanding of public health services and the agencies that deliver them. This event could take place during Public Health Week, in early April.

THE CORE FUNCTIONS OF PUBLIC HEALTH

Public health officials focus on “what we as a society do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 1988). The field of public health seeks to mitigate factors that threaten people’s health and works to create conditions that improve or promote good health. In this way, public health services are “population-based.” These services can be organized into three “core functions,” as described below.

Health Assessment

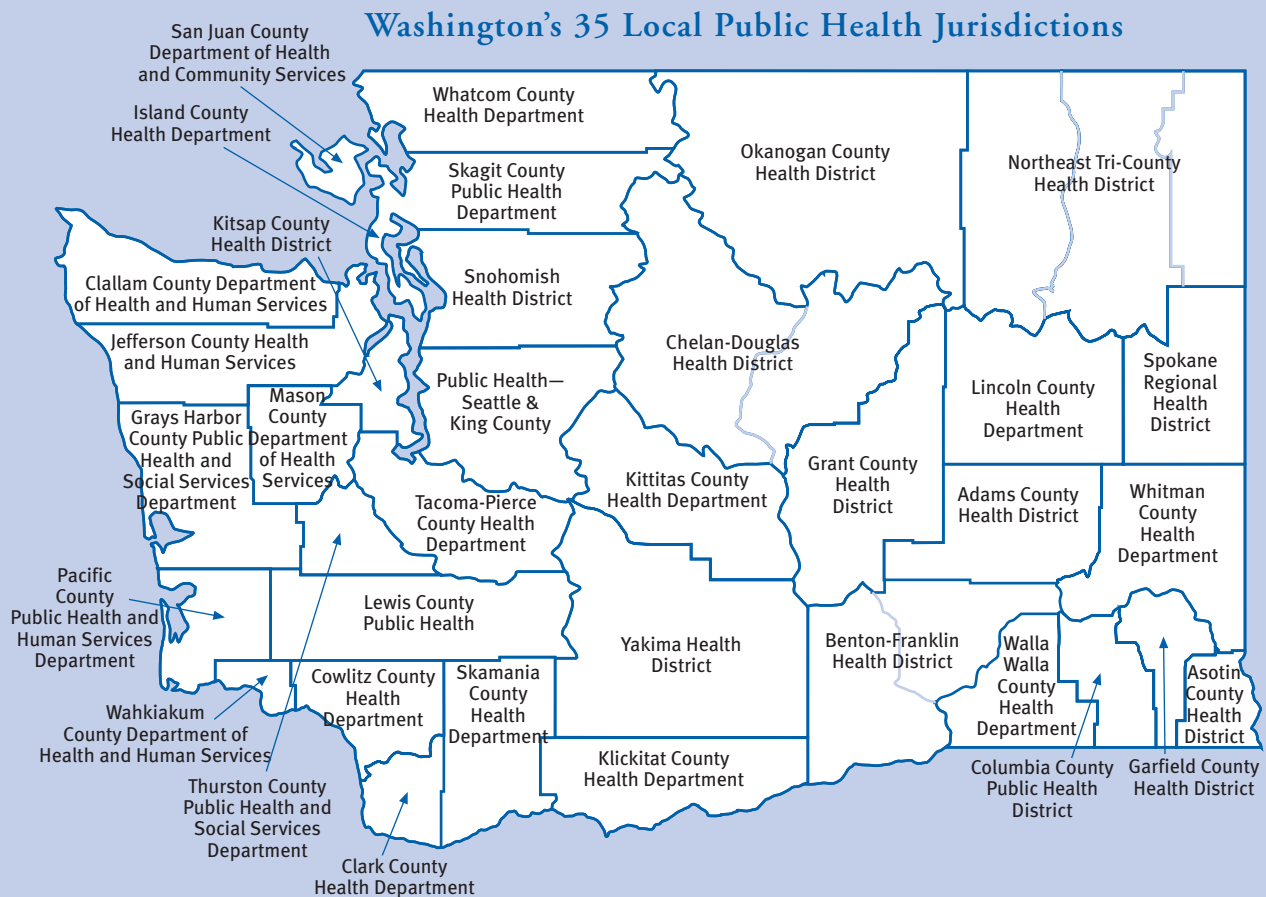
Helps us determine how, where, and when health threats are occurring. It includes collection, analysis, and dissemination of information on health status, incidence of health problems and risks, choices about health behavior, environmental health concerns, availability and quality of services, and the concerns of individuals.

Policy Development

Used to set a course for specific action or regulation to improve or protect health. It may involve a formal public process, as with a local Board of Health. Private organizations and citizen groups also develop public health policy.

Assurance

Means making sure the right things happen—that we have the health information we need, that we adhere to the policies we have chosen, and that needed services are available. Government programs often play an assurance or oversight role, but they do not provide all the needed services.



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON



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